

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024228

STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 324 Primary Registration District No. 30720 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Marshall 09720	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 858 S Lafayette				Length of stay in 1b 48Yrs.		d. STREET ADDRESS (If outside, give location) 858 S Lafayette	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle ZELA Last BOYER				4. DATE OF DEATH Month June Day 15 , Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 9, 1869	
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Month 0 Day 6 Hours Min. 		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY Gen. Farm		11. BIRTHPLACE (City and state or country) Stoney Point Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME John H. Boyer				14. MOTHER'S MAIDEN NAME Anna Webster			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. x		17. INFORMANT Sattie N. Boyer Address Marshall 858 S Lafayette	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vas. Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Vas. Hemorrhage DUE TO (c) 331X							INTERVAL BETWEEN ONSET AND DEATH 5 Days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE 		
21. I attended the deceased from Dec 1957 to Jun 13 , and last saw her alive on Jun 13 . Death occurred at 3 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE St. Elizabeth of Mo (Degree or title)				22b. ADDRESS Marshall MO		22c. DATE SIGNED 6/18	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE June 17, 1958		23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery		23d. LOCATION (City, town, or county) (State) Marshall, Missouri	
24. FUNERAL DIRECTOR Shelley-River Funeral Home Marshall ADDRESS 				25. DATE RECD. BY LOCAL REG. 6-17-58		26. REGISTRAR'S SIGNATURE Cecil G. Reed	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
0940
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 46

P. O. Address Mausha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.